

Positioning Johns Hopkins for the Next 100 Years: *Integration & Functional Alignment Case Study Reflections*

**JHM Health Care Reform
Coordinating Committee**
September 17, 2010

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(Please Note:

This presentation does not represent an endorsement by the AAMC)



Tomorrow's Doctors, Tomorrow's Cures

Learn

Serve

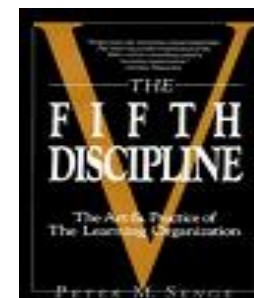
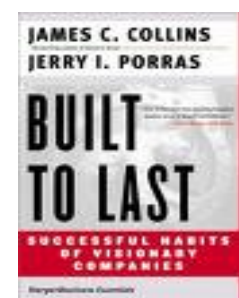
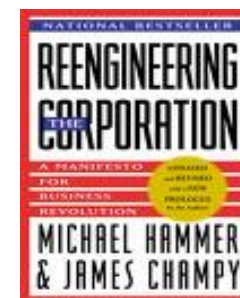
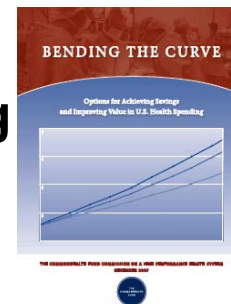
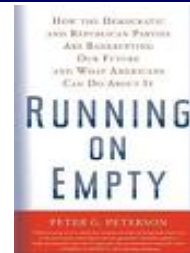
Lead



Association of
American Medical Colleges

Informed Consent Intro

1. We have a wholly unsustainable “system”
2. Universal Coverage + Financing ≠ Reform
3. Pre-occupation with the Revenue Curve
(which we are incredibly parochial and protective of)
4. Real reform lays under the Cost Curve by eliminating the waste, duplication, redundancies, inefficiencies, unnecessary variations *(redeploy \$650B of \$2T)*
5. The Pathway to Quality is Through the Doors of Cost
6. Our core processes require fundamental reengineering enhanced by Information Technology & Leadership Development for sustainability
7. The adage “*Culture eats strategy everyday from lunch (and breakfast and dinner)*” is true. But if we don’t have the courage to lead a state change, then we should stop complaining.
8. Lack of an implemenation science research framework; comments informed by applied research



Opening Thoughts

- **My intent today is to build upon what has been said (eg, health care reform) and bring it down in altitude → How to move from the theoretical to the practical or do-able?**
- **Extend the thinking and language from hospital/clinic/physician to other schools, missions, faculty (“Academic Health Enterprise”, AHE, AHC)**
- **Invite you to listen to these themes as occurring in parallel**
- **Think from the multiple perspectives of:**
 - \$5B multi-mission academic health enterprise
 - 30,000 faculty and staff
 - 500 medical students, 800 residents & xxx fellows
 - 1M patients served
- **The opportunity you have is to transform Hopkins & Academic Medicine**

A Word About "Health Reform" Implications

↑ Access = ↑ Demand + continued perverse incentives = ↑ ↑ Costs (*which will burden margins & potentially stress the ability to cross-subsidize*)

↑ Demand + ↑ ↑ Costs = ↓ Value = ↑ Upset

↑ consolidation of health plans, hospitals

↑ consolidation of physicians in larger medical groups and employed vehicles

SGR fix and CBO (re)calculations add another \$400B to the \$1T increased spend

NIH funding likely to be → (or possibly ↓)

GME funding likely to ↓ (\$30B at-risk over 10 years through MedPac or IPAB)

Identifying the Gaps vs. Filling the Gaps

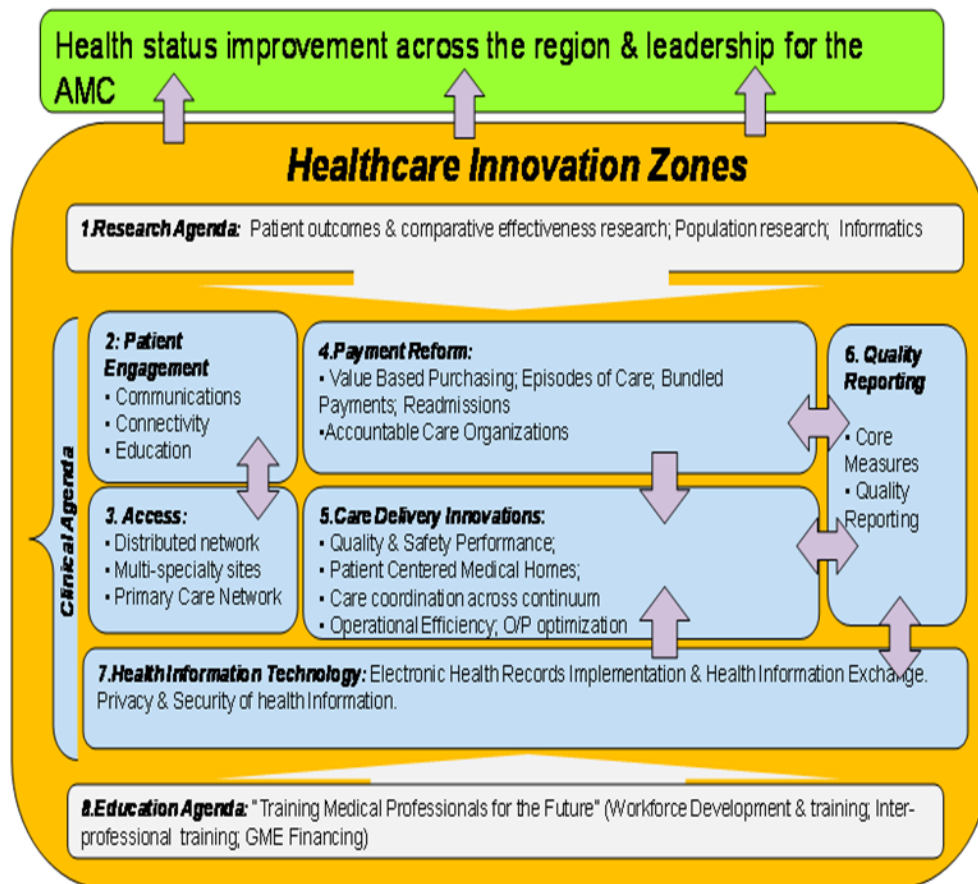


AAMC Readiness for Reform Initiative Draft Assessment Tool Questions v1.3

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Readiness for Reform R4R Map



Hype, Hysteria, or the Coming Reality?

<http://www.youtube.com/profile?user=centurahealth#p/u/10/IF8bK7AJyL0>

Today's Agenda

- 1. Context Setting**
 - 2. Funds Flow, “All Funds, All Missions” Integrated Budgeting, & Accountability Mechanisms**
 - 3. Managing in a Complex Matrix Environment**
 - 4. Embedding Talent Management & Leadership Development**
 - 5. Effectively Managing the Transition Process**
 - 6. Breakthrough Sustainable Results**
 - 7. Your Role & the Board's Role**
- Questions, Clarifications, Discussion**

Interdependency & Accountability

Interdependency

“In a real sense all life is inter-related. All men (people) are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly.

Accountability

I can never be what I ought to be until you are what you ought to be, and you can never be what you ought to be until I am what I ought to be.

This is the inter-related structure of reality.”

—Martin Luther King, Jr.

The Ability & Necessity of Thinking Differently

**Creative
Thinking**

“The world that we have made as a result of the level of thinking we have done thus far creates problems that we cannot solve at the same level we created them at.”

— Albert Einstein

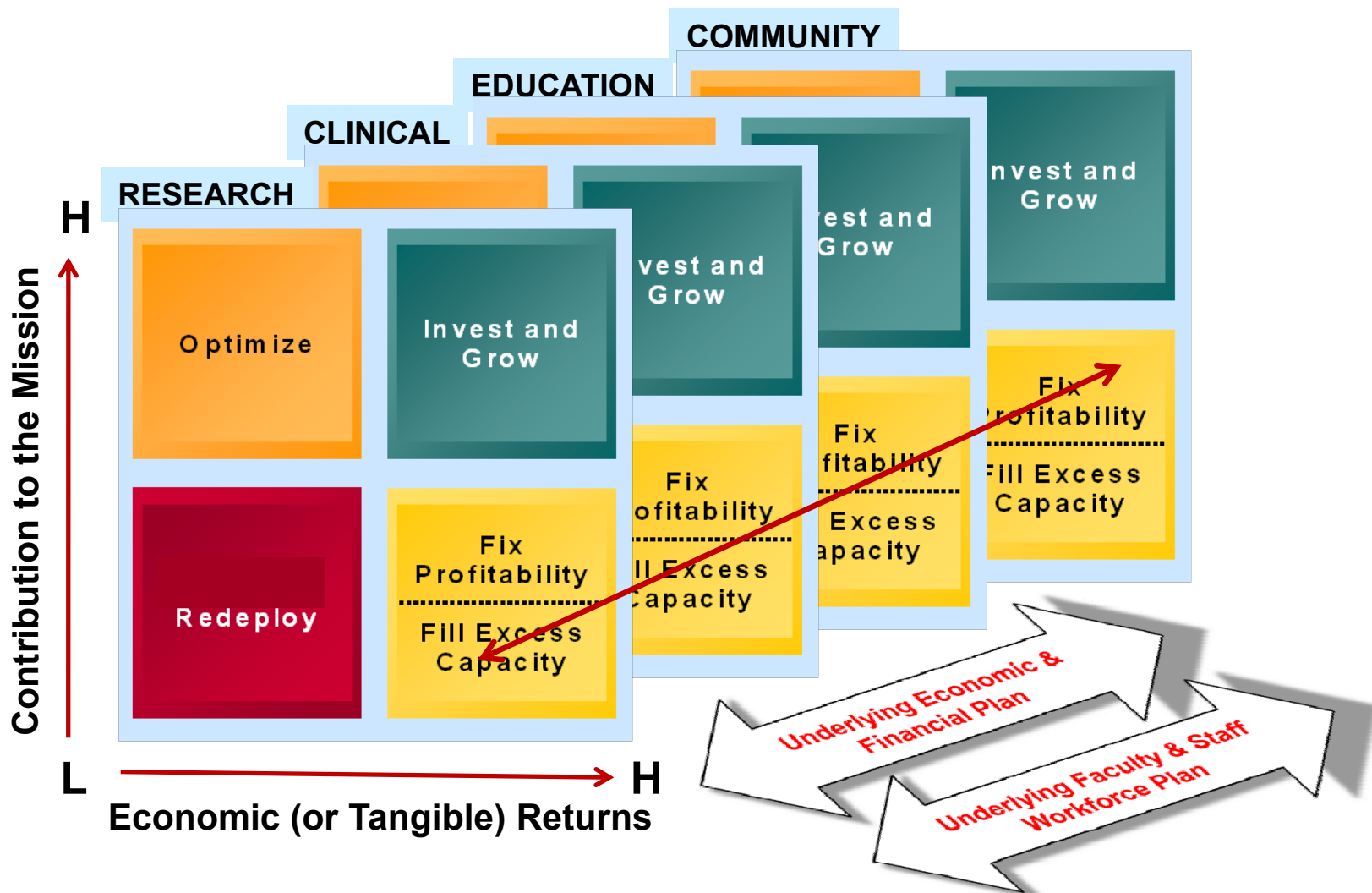
A Breakthrough Roadmap for Managing Academic Health Enterprises

Key Distinctions & Underlying Principles: Strategy Bridged into Economic Reality; Transparency and Open Books; Peer Accountability; Recognizing the Interdependencies; Appreciating the Diversity; Maintaining the Collegiality & Collaboration; Instituting Financial Discipline; Providing Rewards & Consequences



Distinguishing Real Planning, Difficult Choices, and Resource Reallocations

ILLUSTRATIVE

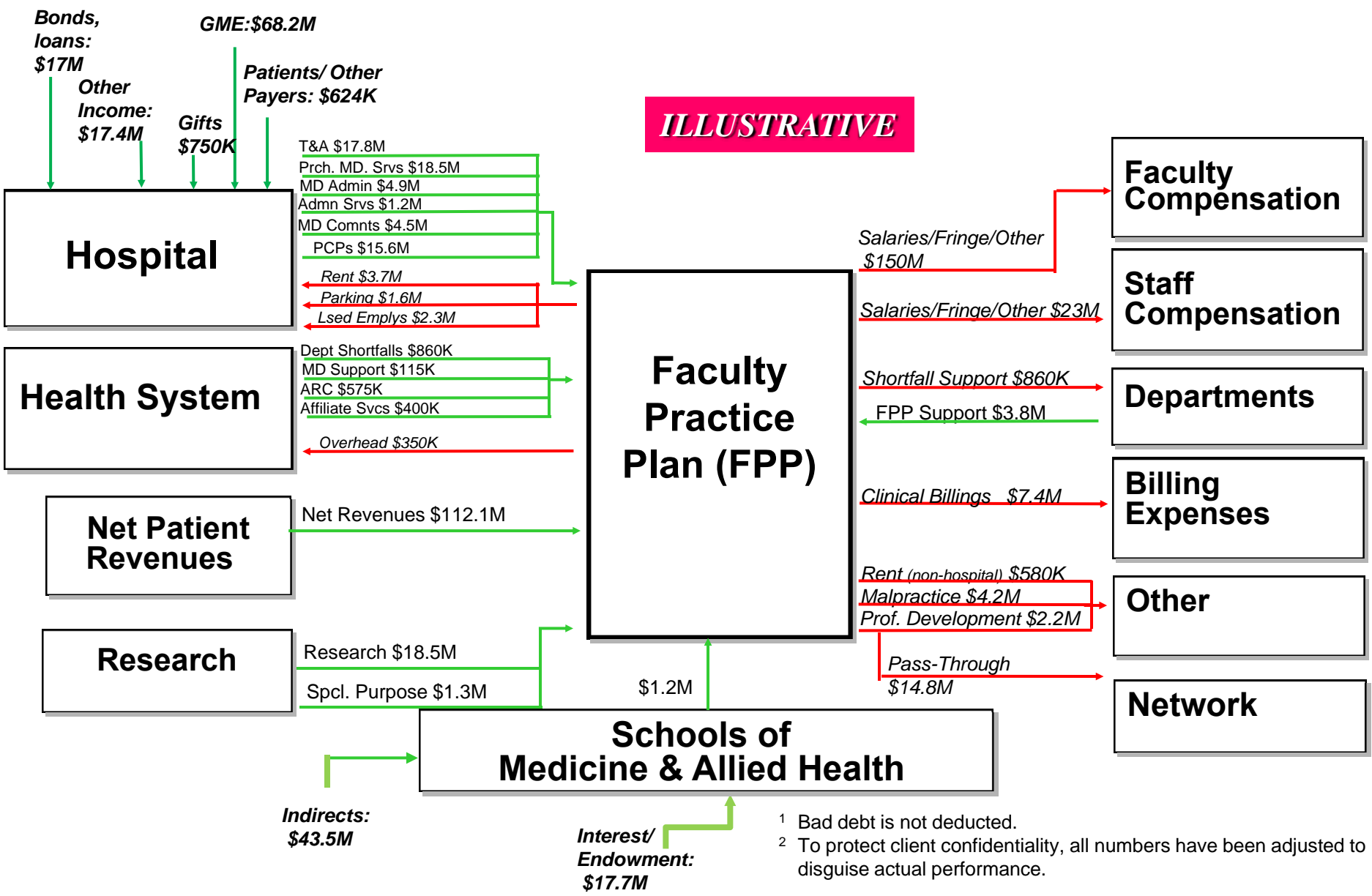


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Academic Health Enterprise Funds Flow By Key Sources¹ (FYxx Budget²)

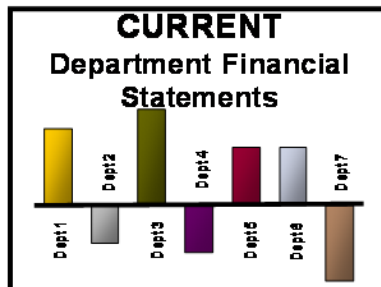
ILLUSTRATIVE



¹ Bad debt is not deducted.
² To protect client confidentiality, all numbers have been adjusted to disguise actual performance.

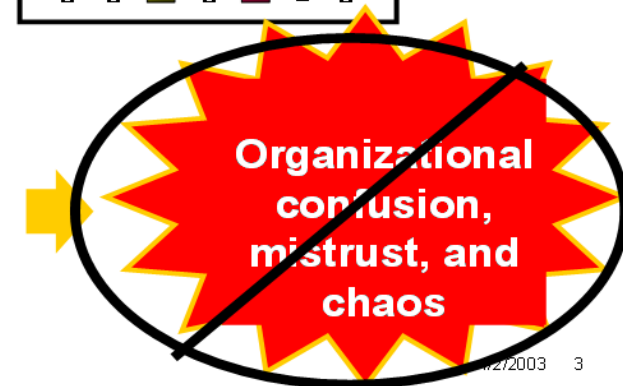
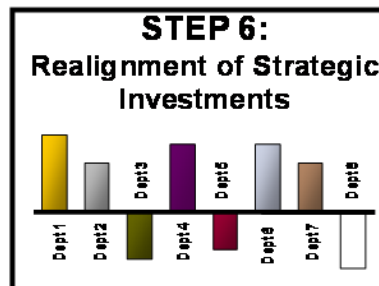
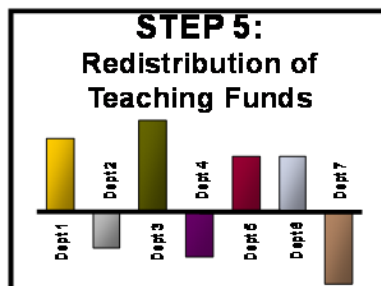
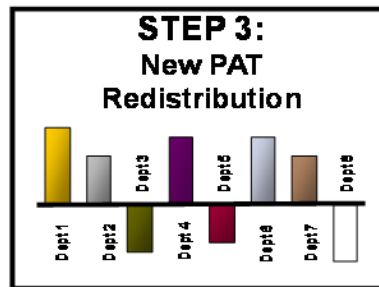
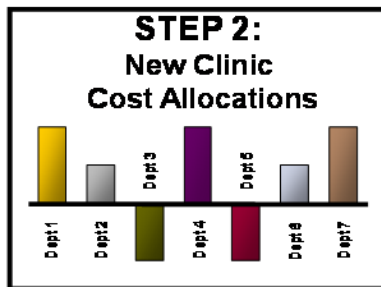
THE LINEAR & INCREMENTAL FUNDS FLOW APPROACH

Illustrative



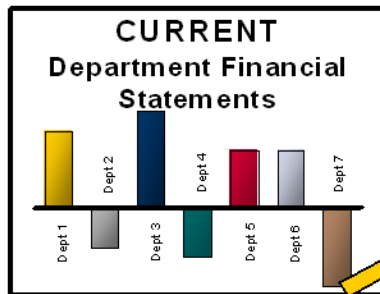
OTHER EXAMPLES OF DISTORTION

1. Fragmented nursing, IT resources
2. COM transfer pricing for IT services
3. Schedulers
4. Malpractice insurance
5. Anesthesia techs
6. Etc.....



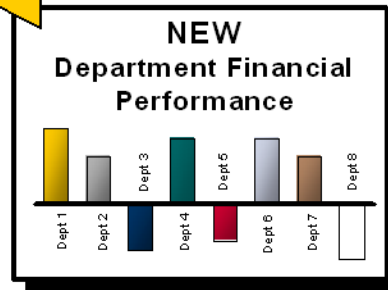
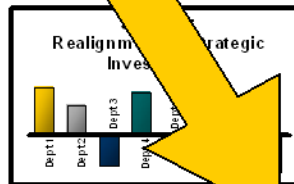
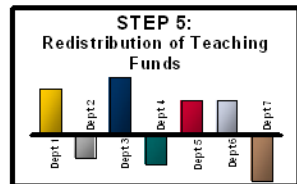
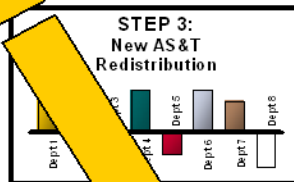
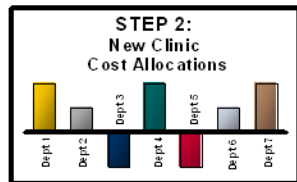
THE COMPREHENSIVE FUNDS FLOW APPROACH

Illustrative



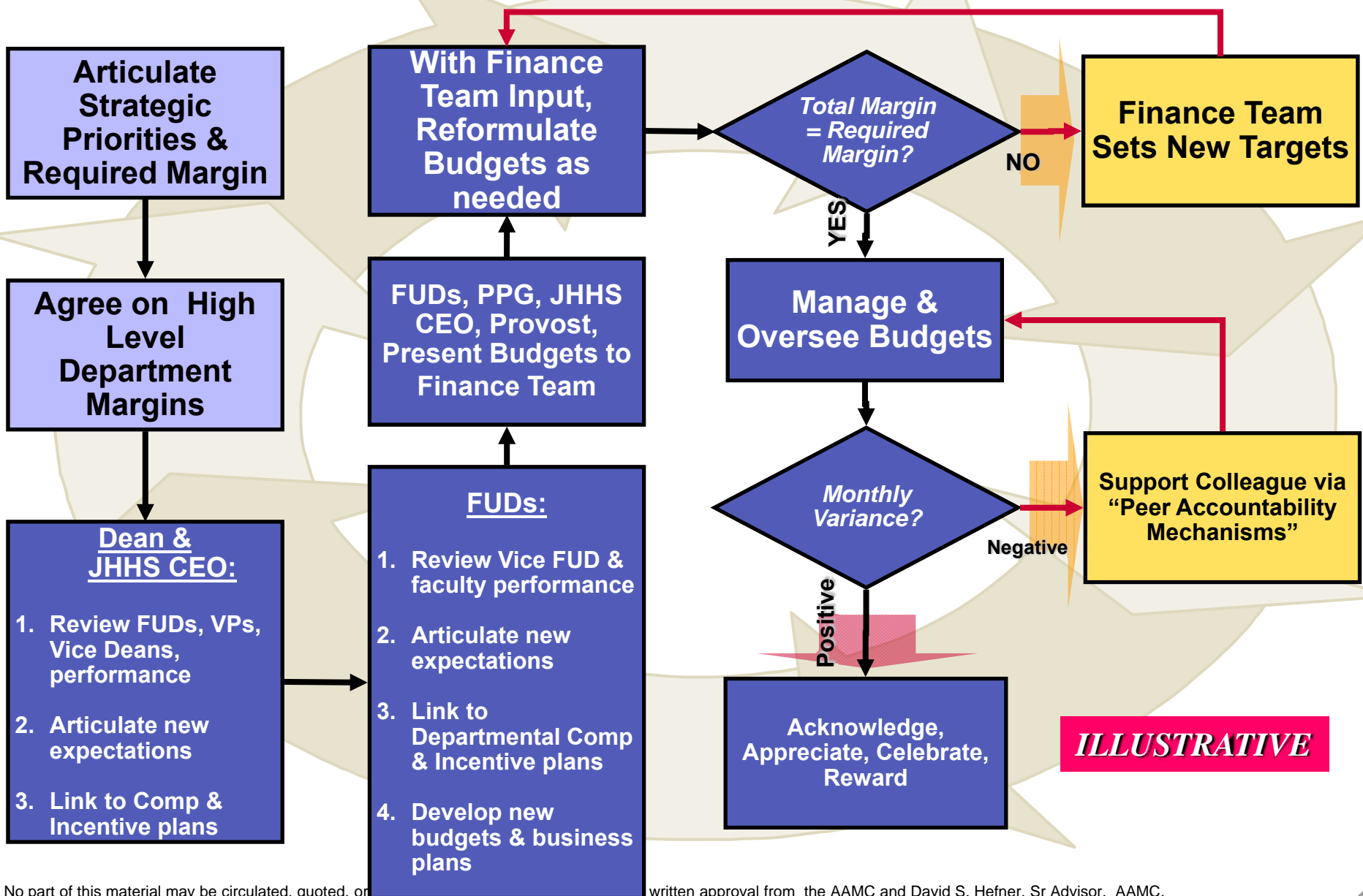
Other Non-Financial Views

1. Clinical productivity metrics
2. Mission contributions (research & teaching)
3. Strategic importance
4. National reputation
5. Etc....



**Transition the
implementation
(1 – 2 years) with
Chairs accountable for
a new redistributed
bottom line**

Managing from an “All Funds, All Missions” Integrated & Iterative Budget Perspective



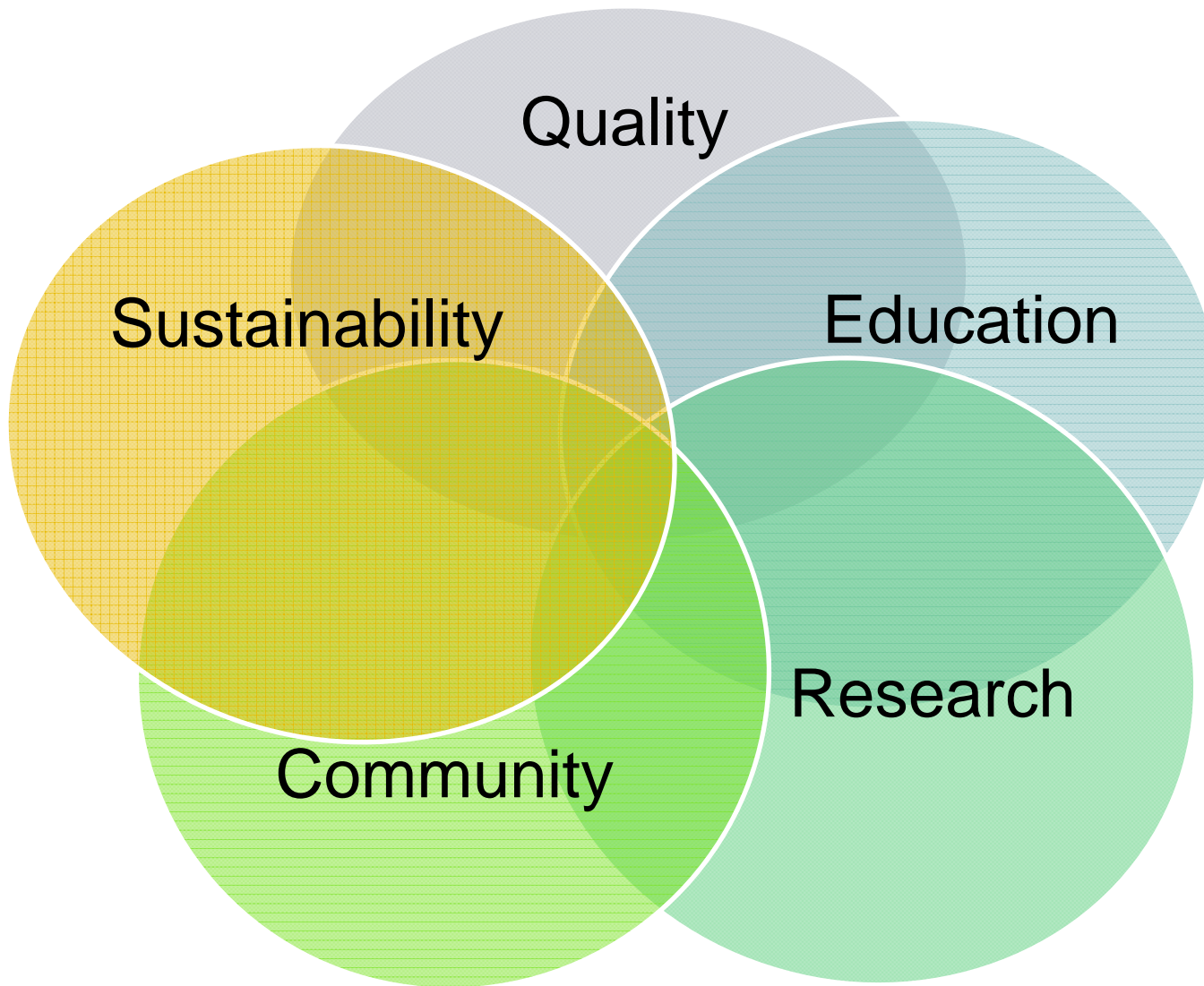
ILLUSTRATIVE

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Aligning Strategic Priorities, Goals, and Comp/Incentives

ILLUSTRATIVE



Create New Metrics

- Productivity
- Pass Rates
- Margins
- Quality
- Population Engagement & Effectiveness
- CE awards
- etc.

Execute from a Process Management Point of View

1. Manage the Strategy

Core Processes

2. Develop Distinctive Programs

Identify Programs & Service Opportunities	Develop Concepts & Recruit Faculty	Develop New Service Delivery Models	Prototype & Pilot	Rollout & Refine; Retain Faculty
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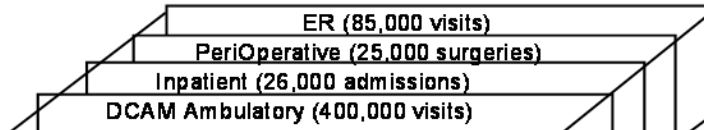
3. Build & Maintain Physical Capacity

Manage CON & Regulatory Process	Rationalize and Optimize Physical Plant Capacity	Build/Renovate/Redeploy Space as needed	Examine and Integrate Alternate Delivery Sites/ (strategic affiliations & UHI)
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4. Generate Demand (Marketing/Branding)

Identify Target Patients and Referring Physicians	Generate Awareness	Generate Inquiries	Establish & Manage Payer Relationships	Acquire/Affiliate Providers & Capitated Populations
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▪ 4M sq. ft.



5. Deliver Superior Care

Provide Ancillary Services	Provide Patient & Family Centered Care	Provide Perioperative Care	Provide Hoteling Services
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6. Streamline Patient Flow

Manage Admissions • ER • Routine • Transfers • Referrals	Coordinate Pre-Admission Testing	Patient Transfer/Transport	Manage the Discharge Processes
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7. Coordinate Continuum of Care

Develop/Use Care Pathways, Protocols, and order sets	Coordinate Care for Exceptional Cases	Review Clinical Utilization	Access Level of Care Needed
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Supporting Processes

8. Develop People (HR)

- 6300 staff
- Professional Development

9. Manage Money (Managed Care Contracting and Revenue Cycle)

- \$1.2B

10. Manage Information (IT, Medical Records)

- 6M Medical Records
- "Phoenix", "T2", "Oracle"
- Bioinformatics

11. Manage Regulatory & Medico-Legal Environment

- \$50M Malpractice
- Agencies & Regulators (too numerous to count)

12. Manage Supply Chain

- \$350M spend with \$40M 3-year savings target

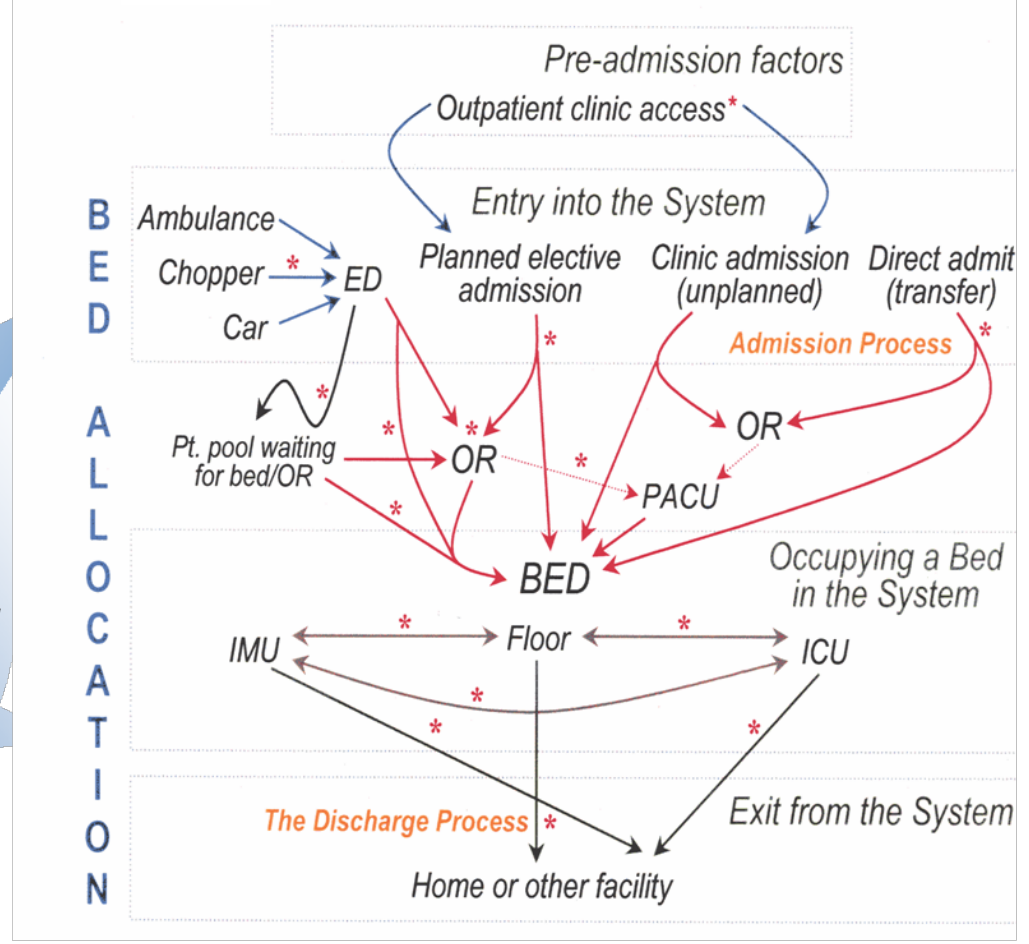
13. Integrate Education & Research

- \$250M Grant Funding
- 300 Researchers
- 1300 Clinical Trials
- 650 Clinicians
- 720 Residents
- 400 Medical Students
- 400 Graduate Students

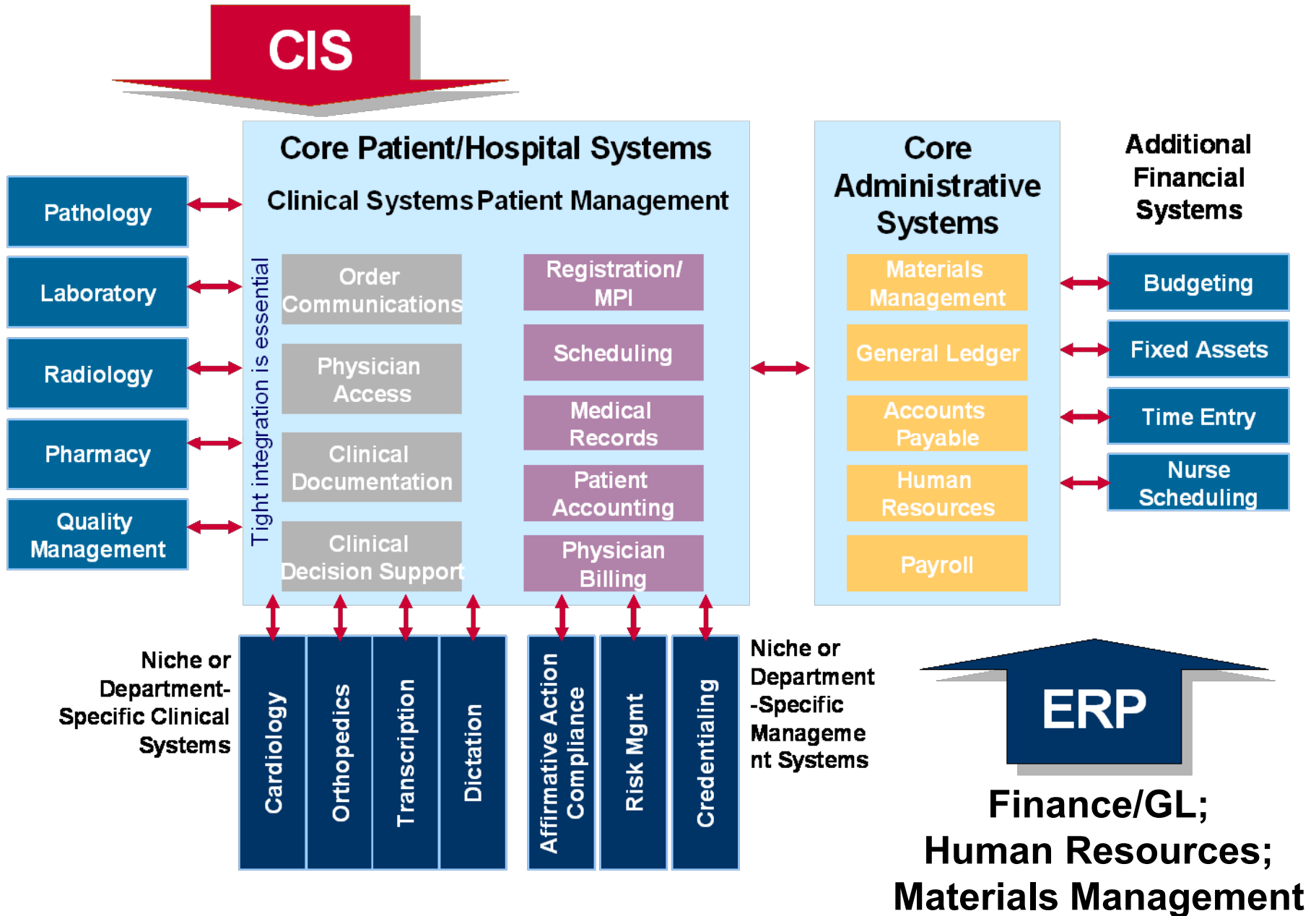
Execute from a Process Management Point of View



Throughput – A Complex Nut to Crack



Sustaining Change with Technology Solutions...



Functional Integration in the Emerging Matrix and Team-Based Environment

Structures ↑ <u>Functions</u>	Hospitals/ Depts	↑ Clinics	↑ FPP	↑ Schools/ Depts	↑ Education	↑ Research	↑
VP Facilities	Facilities & Space						
CSO	Strategic Planning						
CCO	Communications; PR; Marketing						
VP Bus. Dev.	Strategic Affiliations; Network Development						
CFO	Finance						
CQO	Quality						
CDO	Development/Institutional Advancement						
CIO/ CMIO	Information Systems/Information Technology/BioInformatics						
CHRO	Human Resources/Talent Management						
CLO	Legal						
CIO	Compliance; Risk; Audit; COI; Pt. Safety; Accreditation						
CAO	Government Relations; Advocacy						
VP Supply Chain	Supply Chain; Procurement; Purchasing						

Effective Management in the Emerging Matrix and Team-Based Environment

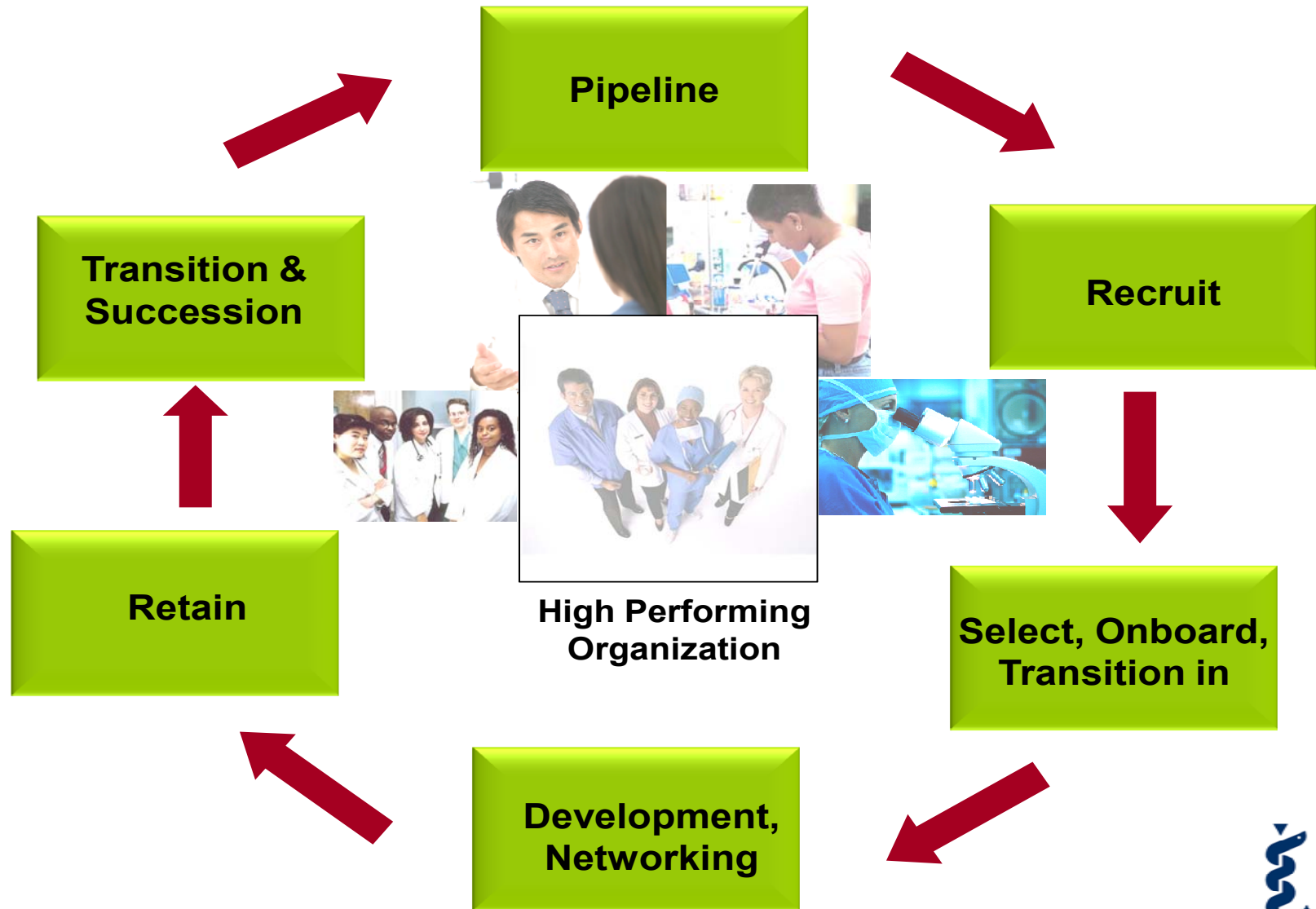
Direct (“solid line”) vs. Matrix (“dotted line”)

“Direct” Reporting Relationships	“Matrix” Reporting Relationships
<ul style="list-style-type: none">• Hire/fire authority (for that particular accountability)• Determines base compensation• Determines and articulates expectations• Completes performance evaluations• Determines pay increases and incentives• Day-to-day management and supervision of activities• Career planning and development planning	<ul style="list-style-type: none">• Jointly establishes performance measures• Monitors performance measures with the expectation that they will be met or exceeded• Input to performance evaluations• Input and recommendations for pay increases• Jointly determines bonus or incentive distributions• If performance measures and/or expectations are consistently <u>not</u> met, then the “dotted line” can recommend/request/insist/demand the replacement or redeployment of the person to another function

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Talent Management & Leadership Development





Integrative Leadership:

Critical Conversations for Changing Times

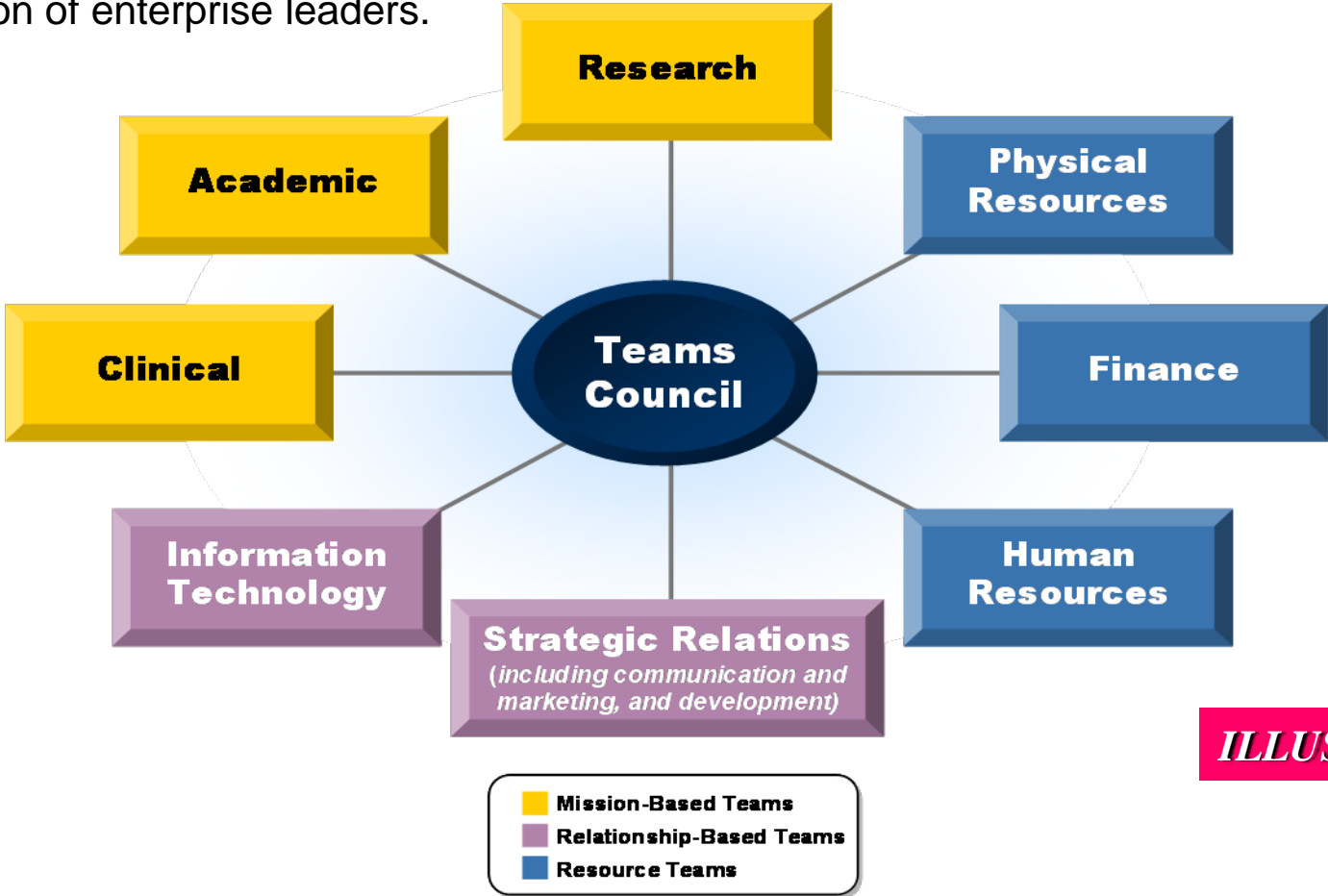


Learn
Serve
Lead



Effective Advice and Engagement of the Faculty and Leaders

Key Distinctions & Underlying Principles: Effecting powerful campus-wide realignment requires more than just one or two great leaders - - it requires mechanisms for processing and harvesting advice from the best and the brightest across all of the mission fronts. By enlisting the *engagement* of the next 100 – 200 faculty and staff leaders, better work products are produced, while simultaneously creating understanding and buy-in for the proposed solutions as well as providing the necessary training and education for the next generation of enterprise leaders.



ILLUSTRATIVE

Investing in Your Future Leaders

Mission-Based Management: Leveraging Your Leaders

The screenshot shows a web browser window displaying the website for the Penn State Hershey Center for Leadership Development. The browser's address bar shows the URL: <http://infonet.hmc.psu.edu/leadershipdevelopment/>. The website header includes the Penn State logo, the name of the Milton S. Eisenhower Medical Center College of Medicine, and the 'INFOnet' logo. A navigation menu on the left lists: About Us, Meet the Team, Our Services, Heart of Leadership, Resources, News & Events, Links, Contact Us, Center for Leadership Development Home, and INFOnet Home. The main content area features a blue bird logo and the text: 'THE CENTER FOR LEADERSHIP DEVELOPMENT AWARE • ADAPTIVE • CARING'. Below this, a paragraph states: 'We seek to develop all students, residents, faculty, and staff to become leaders and to lead effectively within their jobs and roles. The leaders who will distinguish themselves at Hershey Medical Center and the College of Medicine and who will play a significant role in making us the top Academic Medical Center will be those individuals who demonstrate that they are AWARE, ADAPTIVE and CARING.' To the right of the main text are two logos: 'Leadership Message' and 'Register for Classes'.

FUDs & Chiefs State Change...

The Future-Oriented Department Chair

R. Kevin Grigsby, DSW, David S. Hefner, MPA, Wiley W. Souba, MD, ScD, MBA, and Darrell G. Kirch, MD

ABSTRACT

The authors describe the current dilemma facing academic health centers (AHCs) as they recruit department chairs. In the past, leaders at AHCs predominantly were concerned with fulfilling the esteemed tripartite missions of patient care, research, and education. Today, their time and energy are occupied by a different set of tasks that have a distinct business orientation, including winning contracts, enhancing revenue, reducing costs, recruiting and managing a diverse workforce, and dealing with consumer satisfaction and marketing. New visions and strategies must be developed—requiring different dimensions of leadership.

The authors offer concrete recommendations for recruiting, retaining, and sustaining department chairs, and

argue that a deliberative, thoughtful process of engaging chair candidates should begin by focusing on the candidates' values as a first priority. Candidates who most clearly share organizational values should then be engaged in an iterative process of developing a shared vision, resulting in a letter of agreement that explicitly states the mutual expectations and commitments of both the organization and the candidate. Once department chairs are in place, ongoing development through leadership training, mentoring, and other investments help to retain and sustain them.

Acad Med. 2004;79:571-577.

Recruiting department chairs at academic health centers (AHCs) has become an even more challenging endeavor in recent years. Long gone is the perception held by some faculty members that the position of department chair is honorific and reserved for the person who has demonstrated personal excellence across all three missions of patient care, research, and education (the so-called triple threat). Being a department chair now requires greater preparation and broader expertise than ever

before. Drawing on our own experiences as leaders and managers in AHCs, in this article we describe the current dilemma facing AHCs as they recruit department chairs. We outline the desirable characteristics of department chairs in the current environment, and offer concrete recommendations for recruiting, retaining, and sustaining department chairs. In sharing our experiences we wish to encourage readers to adopt these or similar approaches at their own institutions.

THE CURRENT DILEMMA FACING ACADEMIC HEALTH CENTERS

Over the past decade, the turmoil ensuing from the transformation of the health care industry has been impressive. Stemming largely from a major revision of the industry's payment structure, AHCs have experienced the interplay of powerful market forces and a shift in the power base away from providers and toward payers (employers and insurers) and the pharmaceutical industry. Physicians have less clout in the marketplace and less autonomy in practice. In the past, faculty leaders at AHCs were concerned predominantly with fulfilling the missions of patient care, research, and education. Today, their time and energy are occupied by a

Dr. Grigsby is vice dean for faculty and administrative affairs, Dr. Souba is John A. and Marian T. Waldhausen professor and chair of the department of surgery and director of the Penn State Hershey Center for Leadership Development, and Dr. Kirch is university senior vice president for health affairs, dean of the college of medicine, and chief executive officer of the medical center; all are from the Pennsylvania State University College of Medicine and Milton S. Eisenhower Medical Center, Hershey, Pennsylvania. Mr. Hefner serves as executive director and chief operating officer of the Penn State Milton S. Eisenhower Medical Center and is a senior partner with CSC Global Healthcare Solutions, Houston, Texas. Portions of this article were presented at the Association of American Medical Colleges' Faculty Affairs Professional Development Conference, Park City, Utah, August 3-6, 2002.

Correspondence and requests for reprints should be addressed to Dr. Grigsby, Vice Dean for Faculty and Administrative Affairs, Penn State University College of Medicine, 500 University Drive, H184, Hershey, PA 17033; e-mail: (rgrigsby@psu.edu).

FUDs & Chiefs State Change...

The Past...

1. Grow Department by whatever means available
2. One-off side deals with Hospital and Dean
3. Rewarded solely for Department results
4. Only anecdotal knowledge of performance of other departments
5. Competed for resources against other Chairs



The Future...

1. Successes and failures more visible
2. Frank dialogue and mentoring with each faculty member
3. Deep understanding of, and engagement in, the success of the entire enterprise
4. Change agent
5. Work collaboratively with peers, while holding peers accountable for results

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Effectively Managing the Transition Process

Stakeholders

Chairs

Key Faculty

Executive Leadership

University Leadership

**Department
Administrators**

Staff

External Community

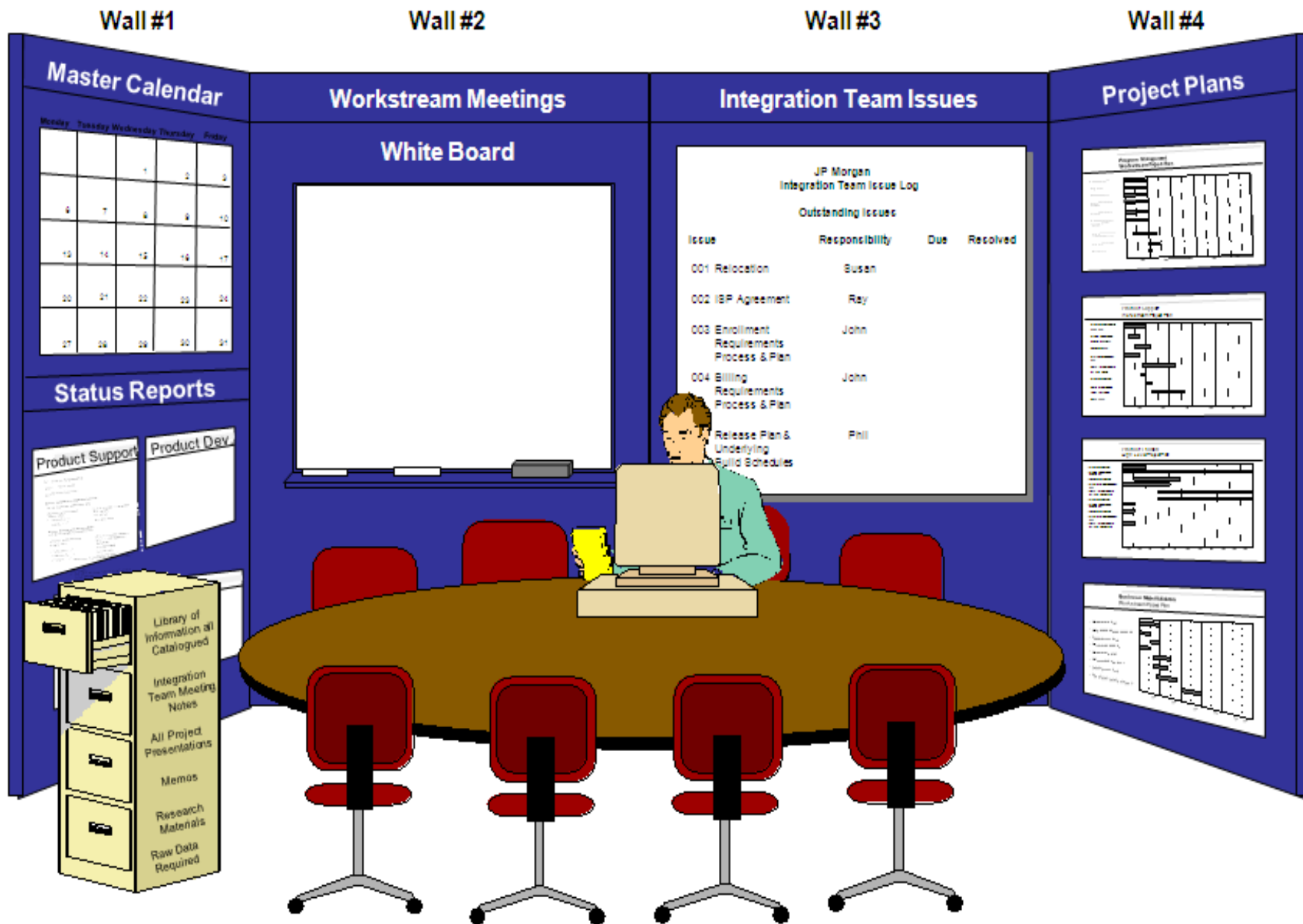
Board



Channels

- One-on-one conversations
- Department and at-large faculty meetings
- Town Hall Meetings
- Intranet website postings with feedback mechanisms
- Targeted Dean letters to the faculty, alumni, donors
- Newsletters
- Board Meetings
- Extensive work with new media
- Letters to the Editor
- Outreach to partner organizations, elected officials, community leaders
- Monthly Leadership Forums
- Leadership Retreats
- FAQs

Effectively Managing the Transition Process

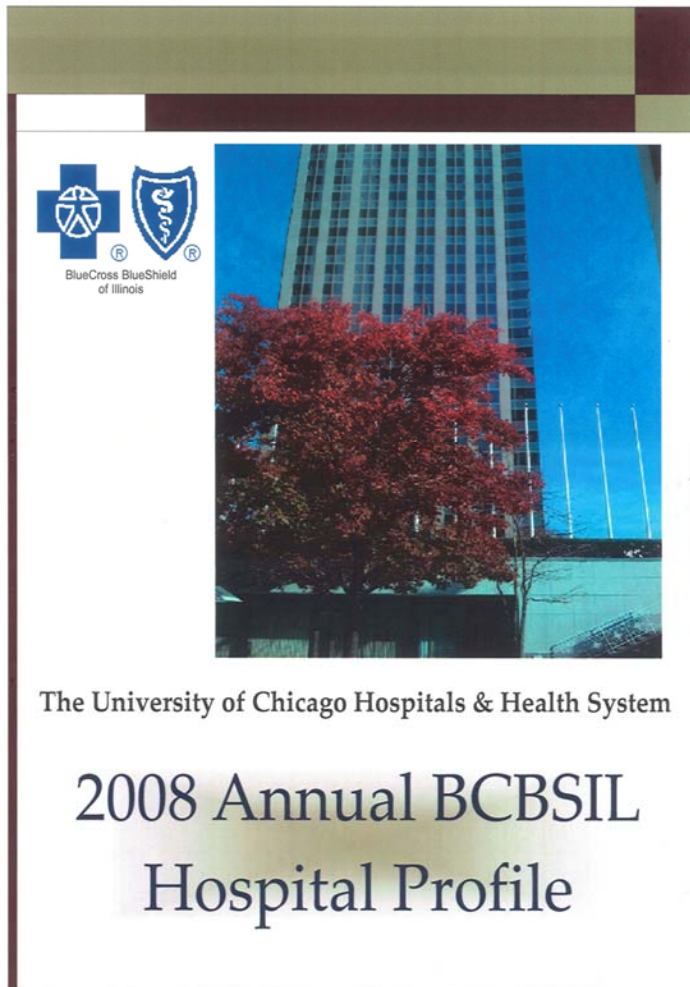


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Breakthrough Sustainable Results

Quality: External Public Measures



Breakthrough Sustainable Results

Academic Departments

Medicine
Nursing
Radiology
Surgery
Primary Care
Other

Missions

Clinical Care
Education
Research

Support of Missions

Capital
H.R.
Information Tech.
Physical Res.

Penn State Heart & Vascular Institute

Breakthrough Sustainable Results

Systems-Based Practice at Penn State: Putting Theory into Practice

Richard Simons, MD, Beth Garrison, MPA, David Hefner, MPA, Donna Reck, MSN, Michael Weitekamp, MD, MHA

When the ACGME general competencies were introduced several years ago, many program directors were particularly puzzled about two competencies: systems-based practice (SBP) and practice-based learning and improvement. Fortunately, most program directors consulted the ACGME tool box; sought counsel from their specialty program directors' organizations; or borrowed ideas from other residency directors at their own or neighboring institutions to begin the process of incorporating SBP into their programs.

ACGME mandates that the sponsoring institution, through its Graduate Medical Education Committee (GMEC), ensure that each residency program is providing the appropriate educational venues and evaluation systems to address the competencies. But, other than monitoring each program for compliance, what should the role of the institution be in this new era of training? In this article, we describe our institutional approach for systems-based practice.

We believe the current organization and governance of the Penn State College of Medicine and the Medical Center is one of the key factors in our progress with the ACGME Outcome Project. The governance model also exemplifies Penn State College of Medicine/Hershey Medical Center's own "systems" thinking. Governance of the institutions is unified by the fact that the Medical Center's Chief Executive Officer (CEO) of the Hershey Medical Center is also the Senior Vice President for Health Affairs of the Penn State University and Dean of the College of Medicine. The Executive Director (hospital director), the Chief Medical Officer, the Chief Nursing Officer and the Vice Dean for Educational Affairs (who also serves as Chair of the GMEC) report directly to the CEO of the medical center. This organizational structure is important, by linking the interdependent missions of the academic health center. Under the vision and leadership of Darrell Kirch, MD, who serves as the CEO and Dean, a "unified campus team" structure has been put into place to improve input to the institution's decision-making process. In this model, there are three mission teams (academic, clinical and research) and five supporting teams (finance, human resource, information technology, physical space and strategic relations). Each team is composed of 12 to 16 members who meet weekly for two hours to perform the "work" of the team.

The teams tend to deal with more strategic rather than operational issues and work together to set the direction for the institution. Each team has a leader (frequently a

department Chair) who is represented on the Teams Council where recommendations from each team are considered and decisions made. In addition to the Team Leaders, the Teams Council also includes the Executive Director, the Chief Medical Officer, the Chief Nursing Officer, the Chief Financial Officer, the Vice Dean for Faculty and Administrative Affairs, the Vice Dean for Educational Affairs, the Vice Dean for Research Affairs. Accordingly, a true team-style for decision-making exists with input from the individuals who comprise the membership. The team structure helps to insure that all missions of the academic medical center are coordinated to achieve success. This "system" of shared decision-making has proven to be effective in creating the appropriate environment to nurture each of the three core missions of our academic medical center.

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The Vice Dean for Educational Affairs is responsible for providing a "Medical Education Accreditation Update" to the Teams Council on a quarterly basis. This has been a useful forum to share information about the relevance and importance of the ACGME core competencies in residency education with the leadership of the medical center. From the inception of the core competencies, there has been support and alignment for the competencies from the Dean, Executive Director and departmental chairs.

In the early stage of the ACGME Outcome Project, the Graduate Medical Education Office sponsored a series of workshops on the competencies for program directors and key faculty. This was an important first step in educating the faculty about these issues, especially systems-based practice and practice based learning and improvement. To assist program directors with their task of teaching "systems" issues, the Office initiated a monthly "Core Competency Lecture Series" that has been well-received by residents and program directors alike, with average attendance of approximately 350. Topics have been selected with the input from program directors, and have included health insurance, malpractice, medication errors and computerized physician order entry, patient safety, health care economics, health care disparities, regulation of health care in the United States, principles of continuous quality improvement and professionalism. We have found that community experts in various health care-related industries (e.g., health insurance executives, corporate CEO's,

Breakthrough Sustainable Results

Implementing a Series of Difficult Choices

- PeriOp Flow
- Bed Capacity & Control
- Ambulatory Care
- Entire Labor Pool

- Inpatient Psychiatry
- General Ophthalmology
- Low Risk Obstetrics
- General Medicine
- General Pediatrics
- etc
- etc
- etc



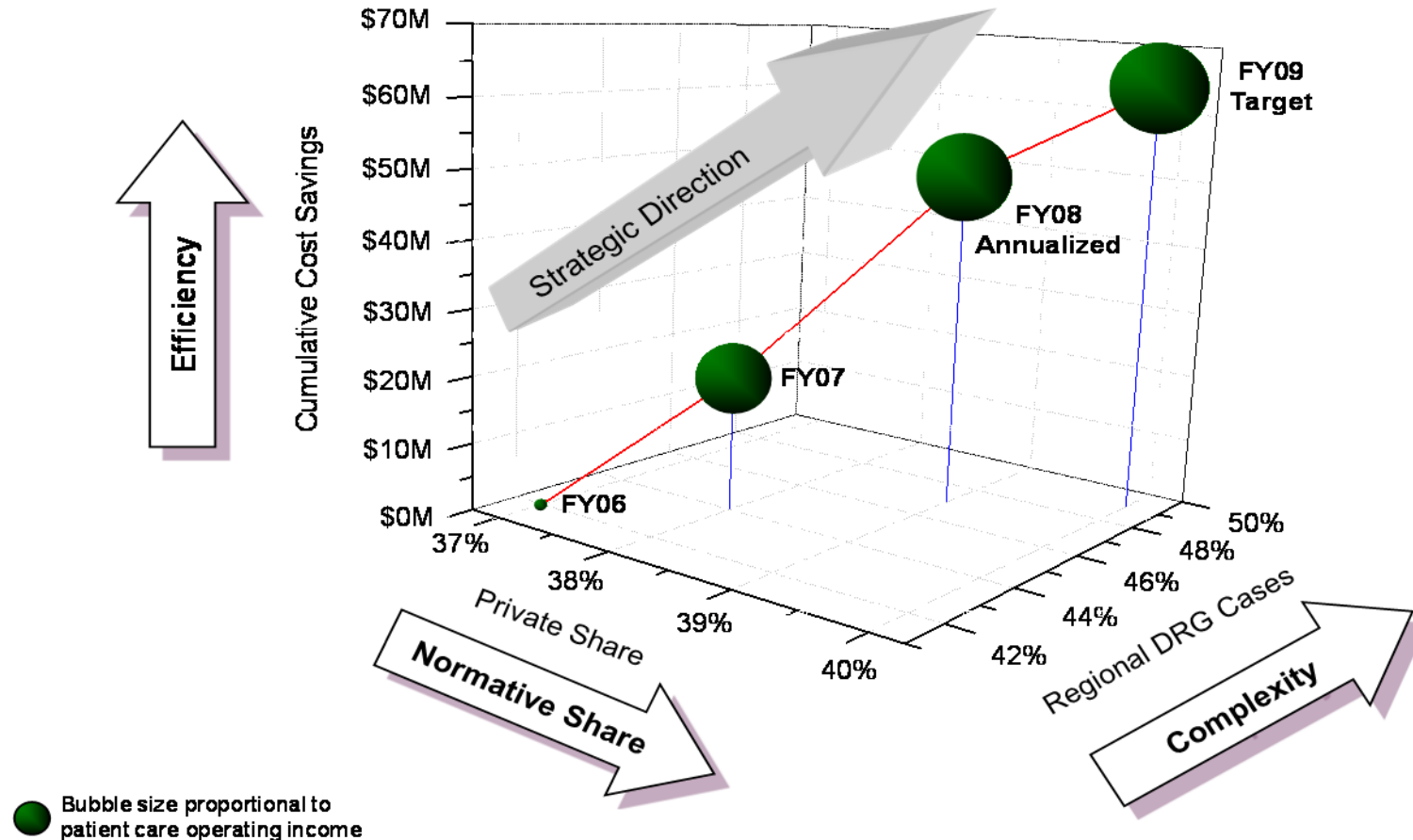
- Cancer
- GI
- Advanced Surgery
- Neurosciences
- High Tech Imaging
- Highly Distinctive Programs

- Supply Chain
- Revenue Cycle

Breakthrough Sustainable Results

Sustainability: Key Dimensions of Strategy

UCMC Progress Along Key Strategic Dimensions



Today's Agenda

- 1. Context Setting**
- 2. Funds Flow, “All Funds, All Missions” Integrated Budgeting, & Accountability Mechanisms**
- 3. Managing in a Complex Matrix Environment**
- 4. Embedding Talent Management & Leadership Development**
- 5. Effectively Managing the Transition Process**
- 6. Breakthrough Sustainable Results**
- 7. Your Role & the Board's Role**

Questions, Clarifications, Discussion

The Board's Work in Leading Transitions

The Board's Work

from Chait, Ryan & Taylor



Fiduciary

Stewardship
of tangible assets
(supporting change
through leadership
accountability)

Strategic
Partnership
for the Future
(creating governance
alignment for integration)

Generative

Problem-framing

Sense-making

(managing communication & change
with key internal and external
stakeholders)

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